

NIS000002944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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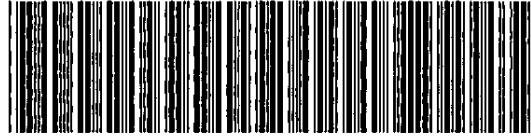
(Business Entity Name)

(Document Number)

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15 MAR 19 AM 8:04  
STATE OF FLORIDA  
TALLAHASSEE

**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: Rotary Club of St. Augustine, Inc.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM: Louise H. Anderson**

Name (Printed or typed)

**1301 Plantation Isld Dr, Ste 205A**

Address

**St. Augustine, FL 32080**

City, State & Zip

**904-471-3445**

Daytime Telephone number

**landerson@cricpa.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Rotary Club of St. Augustine, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1301 Plantation Island Dr, Ste 205A  
St. Augustine, FL 32080

Mailing address, if different is:  
P O Box 3927  
St. Augustine, FL 32085

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to encourage and foster the ideal of service as a basis of worthy enterprise, and to encourage and foster the ideals of Rotary International.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: directors are elected annually by the members of the Rotary Club of St. Augustine, Inc.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Louise H. Anderson, President  
Address: 1301 Plantation Island Dr.  
Ste 205A  
St. Augustine, FL 32080

Name and Title: Katherine Batenhorst, Pres Elect  
Address: P.O. Box 4514  
St. Augustine, FL 32085

Name and Title: Kyle Kovacs, Sec  
Address: 4250 Al A South H-34  
St. Augustine, FL 32080

Name and Title: Jodi Kotrady-Hatin, Treas

Name and Title: Chris Callegari, VP  
Address: 953 Oxford Dr.  
St. Augustine, FL  
32084

Name and Title: Earl Ward, Director  
Address: 10 Lee Drive  
St. Augustine, FL 32080

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TALLAHASSEE, FLORIDA  
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Name and Title: Guy Tomasino, Director

Address: PO Box 3111  
55 Alouette Pl  
32085

Name and Title: Peggy Gachet, Director

Address: 304 View Point Pl  
St. Augustine, FL  
32080

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Louise H. Anderson

Address: 1301 Plantation Island Dr Ste 205A  
St. Augustine FL 32080

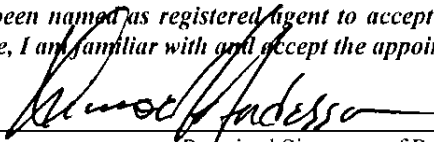
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Louise H. Anderson

Address: 1301 Plantation Island Dr, Ste 205A  
St. Augustine, FL 32080

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

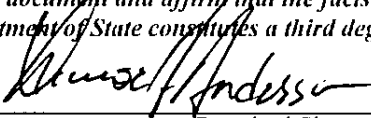


Required Signature of Registered Agent

3/13/15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature of Incorporator

3/13/15

Date

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DEPARTMENT OF STATE  
ALBUQUERQUE FLORIDA

Name and Title: Bobby Crum, Director

Name and Title: Rebecca Crum, Director

Address: 301 Spanish Oak Ct  
St. Augustine, FL 32080

Address: 425 Ocean Grove Cir.  
St. Augustine, FL 32080

Name and Title: Gary Maguire, Director

Name and Title: Jim Stege, Director

Address: 1645 St. Marks Road Blvd.  
St. Augustine, FL 32095

Address: 488 Islando View Circle  
St A 32095

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature of Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature of Incorporator

\_\_\_\_\_  
Date